

QUARTERLY TRACKING OF BIRTH DEFECTS

Neural Tube Defects and Chromosomal Abnormalities

INSTRUCTIONS: The California code of regulations, Title 17, sections 6531 and 6532 requires the reporting of neural tube defects and chromosomal abnormalities in a fetus or infant up to one year of age, within 30 days of initial diagnosis. Many hospitals and clinics have requested that they be allowed to submit these data on a quarterly basis rather than on a case-by-case basis. If your center prefers reporting these data on a quarterly basis, this form is provided as a mechanism for aiding you in this process. This form should be duplicated and a copy of it submitted to the department on a quarterly basis. It is expected that in some quarters there will be no data to report, but to assure the department that you are still tracking birth defects we request that you still submit this form and check the appropriate box indicating that you have no data to report. We hope that this modification will help your center in making the reporting of birth defects as streamlined and simple as possible.

Please complete and submit this form along with the Confidential Case Report of a Birth Defect to our office within 30 days after the end of each quarter.

You may either mail this form and the accompanying Confidential Case Reports to us at the following address:

California Department of Health Services
Genetic Disease Branch
850 Marina Bay Parkway, Room F-175,
Mail Stop 8200
Richmond, CA 94804

Or you may fax them to: 510/412-1560.

1. NAME AND ADDRESS OF HOSPITAL OR CLINIC:	2. NAME AND TITLE OF PERSON SUBMITTING FORM:	
	3. TITLE OF PERSON SUBMITTING FORM:	
	4. DEPARTMENT OF PERSON SUBMITTING FORM:	
5. DATE OF FORM SUBMISSION	6. TELEPHONE NUMBER OF PERSON SUBMITTING FORM <i>(please include area code)</i>	
7. PLEASE CHECK THE QUARTER FOR WHICH YOU ARE SUBMITTING DATA; <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> QUARTER 1 JANUARY - MARCH </div> <div> <input type="checkbox"/> QUARTER 3 JULY - SEPTEMBER </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> QUARTER 2 APRIL - JUNE </div> <div> <input type="checkbox"/> QUARTER 4 OCTOBER - DECEMBER </div> </div>	8. REPORTING YEAR:	9. CHECK HERE IF THERE ARE NO BIRTH DEFECTS TO REPORT FOR THIS QUARTER AND YEAR: <input type="checkbox"/>

In the future, you may access a copy of this form on our website at:

http://www.dhs.ca.gov/pcfh/gdb/html/PDE/PDES_Forms.htm

If you have questions or concerns, please contact Sylvia Smith at 510/412-1524. Or you may email Sylvia at SSmith5@dhs.ca.gov.